



**U.S. Small Business Administration**  
**HUBZone Empowerment Contracting Program Application for**  
**Corporations, Sole Proprietorships, Partnerships, and Limited Liability Companies**

To complete the sections below, see the SBA HUBZone Website at [www.sba.gov/hubzone](http://www.sba.gov/hubzone). This site also includes a guide with specific information and definitions that will assist you in completing the application. If you do not have access to the Internet, contact the local SBA District Office in your state or call the SBA HUBZone office at **202-205-8885**. **You may mail the completed application to U.S. SMALL BUSINESS ADMINISTRATION, HUBZone Office, 409 3rd Street, SW, Suite 8000, Mail Code 6369, Washington, DC 20416.**

**SECTION A - LOCATION IN QUALIFIED HUBZONE**

*HUBZone Applicant: Fill in the lines below and check any boxes that apply*

Street address of principal office <sup>1</sup>		Mailing addresses (if any)	
City or town, state, and ZIP code	County	City or town, state, and ZIP code	County
Is the applicant concern's principal office located in a qualified census tract?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant concern's principal office located in a qualified non-metropolitan county (median household income is less than 80% of the non-metropolitan state median household income)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant concern's principal office located in a qualified non-metropolitan county (unemployment rate that is not less than 140% of the statewide average unemployment rate for the state in which the county is located)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant concern's principal office located within the external boundary of an Indian reservation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION B - GENERAL BUSINESS INFORMATION**

*Note: SBA may request additional information/documentation to support the information provided in this application*

Application date (mm/dd/yyyy) ____/____/____		Pro-Net Number:	
1) Business name:			
2) Tax Identification Number (TIN) or Employer Identification Number: (EIN) <sup>2</sup>		<input type="checkbox"/> TIN _____ <input type="checkbox"/> EIN _____	
3) Contact Prefix		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
4) Name: (Last, First, Middle)		5) Title or Position:	
6) Business telephone: (area code, number, extension)		6a) Fax number: (area code, number)	
7) E-mail address		8) Applicant concern is organized as a: <input type="checkbox"/> <b>For profit entity</b> <input type="checkbox"/> <b>Non profit entity</b>	

9) Organizational structure of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company
10) Primary NAICS Code <sup>3</sup> :	
11) Description of applicant firm's principal products and/or services:	
12) Date business established: (mm/dd/yyyy)	/ /
13) Identify the State where concern was incorporated/established:	
14) Is the applicant concern currently involved in any joint venture(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15) CAGE Code (Optional):	
16) Is applicant concern an Alaskan Native Corporation or Tribally-owned concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17) Business beginning fiscal year:	/ /
17a) Business ending fiscal year:	/ /
18) Number of full-time/full-time equivalent employees at time of application: <sup>4</sup>	
19) Number of full-time/full-time equivalent employees who reside in a HUBZone at time of application:	
20) Average number of employees on the applicant concern's payroll during the last 12 calendar months:	
21) Average annual receipts for the applicant concern's last three Fiscal Years: <sup>5</sup>	
22) Do any individual(s) of the applicant concern manage or have a principal ownership interest greater than 20% in any other business(es)? These individuals include: principal shareholders (owning 20% or more of the voting stock); directors, officers, limited partners (owning 20% or more interest in the partnership); general partners, sole proprietors, members (owning 20% or more interest in the Limited Liability Company); managers; and key employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23) Are any special license(s) other than a general business license required for the operation of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24) Is the applicant concern indebted to anyone other than a bank or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25) Does anyone, other than a surety, indemnify or guarantee bonding assistance to the applicant concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26) Does the applicant concern issue or operate under a franchise or license agreement with another concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27) Does the applicant concern currently receive any Federal Employment Tax Credits? (If 'Yes', check all that apply).  <input type="checkbox"/> Work Opportunity <input type="checkbox"/> Welfare to Work <input type="checkbox"/> Empowerment Zone Employment Credit <input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
28) Has the applicant concern ever been debarred, suspended, voluntarily excluded or otherwise rendered ineligible for procurement or non-procurement purposes from any department or agency of the Federal Government? (If 'Yes', fill in the information requested)  • Date of Action ____/____/____ • Type of Action _____ • Agency taking Action _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If the Applicant is a Corporation, proceed to Section C - 1 - Ownership and Control – Corporation.
- If the Applicant is a Partnership, proceed to Section C - 2 - Ownership and Control – Partnership.
- If the Applicant is a Proprietorship, proceed to Section C - 3 - Ownership and Control – Sole Proprietorship.
- If the Applicant is a Limited Liability Company, proceed to Section C - 4 - Ownership and Control – Limited Liability Company.

### SECTION C - OWNERSHIP AND CONTROL - CORPORATION

*This section must be completed using current company information. The applicant is responsible for ensuring that all pertinent information is maintained and available to support and verify the U.S. citizenship of all individuals who own and/or maintain a controlling interest in the applicant concern.*

1) Are all issued shares of stock owned by person <sup>6</sup> (s) who are U.S. citizens? (including common/preferred, voting/non-voting.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are all of the current directors and officers U.S. citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is any stock voted under a proxy agreement, a trust or voting trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Has the applicant concern agreed to combine with or merge with another concern in the future by sale of stock or assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does the applicant concern have any outstanding convertible debentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Does the applicant concern have any outstanding stock options?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*For each stockholder owning 20% or more of the voting stock, and for every member of the board of director or officer, provide the information below. Reproduce this page for any additional individual(s), enter the requested information, and attach it immediately behind this page. If the applicant concern is an Alaskan Native Corporation or tribally-owned concern list the name of the parent company/tribe as a stockholder in the section below.*

1) Name: (First, Middle, Last)		2) Name: (First, Middle, Last)	
1a) Title or Position:		2a) Title or Position:	
	Check all that apply: <input type="checkbox"/> Stockholder <input type="checkbox"/> Board Member <input type="checkbox"/> Officer		Check all that apply: <input type="checkbox"/> Stockholder <input type="checkbox"/> Board Member <input type="checkbox"/> Officer
1b) U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2b) U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Proceed to Section D - 1 - Ownership and Control – Individual Affiliation**

### SECTION C-2 – PARTNERSHIP - OWNERSHIP AND CONTROL

*This section must be completed using current company information. The applicant is responsible for ensuring that all pertinent information is maintained and available to support and verify the U.S. citizenship of all individuals who own and/or maintain a controlling interest in the applicant concern.*

1) Are all the partners U.S. citizens?

- ☐ Yes  
☐ No

*For each partner who owns 20% or more interest and for every general partner or officer, provide the information requested below. Reproduce this page for any additional individual(s), enter the requested information, and attach it immediately behind this page. If the applicant concern is an Alaskan Native Corporation or tribally-owned concern list the name of the parent company/tribe as a partner in the section below.*

1a) Name: (First, Middle, Last)

2a) Name: (First, Middle, Last)

1b) Title or Position:

2b) Title or Position:

Check all that apply:

- ☐ General Partner  
☐ Limited Partner  
☐ Officer

Check all that apply:

- ☐ General Partner  
☐ Limited Partner  
☐ Officer

1c) U.S. Citizen?

- ☐ Yes  
☐ No

2c) U.S. Citizen?

- ☐ Yes  
☐ No

**Proceed to Section D - 1 - Ownership and Control – Individual Affiliation****SECTION C-3 – SOLE PARTNERSHIP - OWNERSHIP AND CONTROL**

*This section must be completed using current company information. The applicant is responsible for ensuring that all pertinent information is maintained and available to support and verify the U.S. citizenship of all individuals who own and/or maintain a controlling interest in the applicant concern.*

1) Name: (First, Middle, Last)

2) Name: (First, Middle, Last)

1a) Title or Position:

2a) Title or Position:

Check all that apply:

- ☐ Owner  
☐ Officer

Check all that apply:

- ☐ Owner  
☐ Officer

1b) U.S. Citizen?

- ☐ Yes  
☐ No

2b) U.S. Citizen?

- ☐ Yes  
☐ No

**Proceed to Section D - 1 - Ownership and Control – Individual Affiliation****SECTION C-4 – LIMITED LIABILITY COMPANIES - OWNERSHIP AND CONTROL**

*This section must be completed using current company information. The applicant is responsible for ensuring that all pertinent information is maintained and available to support and verify the U.S. citizenship of all individuals who own and maintain a controlling interest in the applicant concern.*

1) Are all the members and managers U.S. citizens?

- ☐ Yes  
☐ No

*For each member who owns 20% or more interest, and/or each manager, provide the information below. Reproduce this page for any additional individual(s), enter the information, and attach it immediately behind this page. If the applicant concern is an Alaskan Native Corporation or tribally-owned concern, list the name of parent company/tribe as a member in the section below.*

1a) Name: (First, Middle, Last)

2a) Name: (First, Middle, Last)

1b) Title or Position:

2b) Title or Position:

Check all that apply:

- ☐ Member  
☐ Manager

Check all that apply:

- ☐ Member  
☐ Manager

1c) U.S. Citizen?

- ☐ Yes  
☐ No

2c) U.S. Citizen?

- ☐ Yes  
☐ No

**SECTION D - 1 - INDIVIDUAL AFFILIATION <sup>7</sup>**

***For each individual listed in Sections C – 1, C – 2, C – 3, or C – 4, provide the information requested below. If there are more than two such individuals, reproduce this page, enter the requested information, and attach it immediately behind this page.***

1) Name: (First, Middle, Last)		2) Name: (First, Middle, Last)	
1a) Does this individual have a financial interest or hold a management position in any other concern? (If "Yes," enter business name, address, and position title and % of ownership)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2a) Does this individual have a financial interest or hold a management position in any other concern? (If "Yes," enter business name, address, and position title and % of ownership)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b) Does the applicant concern share facilities, equipment or personnel with this other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2b) Does the applicant concern share facilities, equipment or personnel with this other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c) Business name:		2c) Business name:	
1d) Street address: (city, state, and ZIP code)		2d) Street address: (city, state, and ZIP code)	
1e) Title of Position:	% of Ownership:	2e) Title of Position:	% of Ownership:
1f) Has this individual ever been debarred, suspended, voluntarily excluded, or otherwise rendered ineligible for procurement or non-procurement purposes from any department or agency of the Federal Government? (If "Yes," fill in the information requested.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2f) Has this individual ever been debarred, suspended, voluntarily excluded, or otherwise rendered ineligible for procurement or non-procurement purposes from any department or agency of the Federal Government? (If "Yes," fill in the information requested.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Date of Action ____/____/____ • Type of Action _____ • Agency Taking Action _____ _____ _____		• Date of Action ____/____/____ • Type of Action _____ • Agency Taking Action _____ _____ _____	

**SECTION D - 2 - APPLICANT CONCERN AFFILIATION <sup>7</sup>**

1) Does the applicant concern own an interest in any other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do any other business(es) own an interest in the applicant concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***If "Yes" to either of the above questions, answer the following questions for each such concern. If more than one concern is involved, reproduce this section, and complete it for each such concern. If "No" to both questions, skip this section.***

3) Name of Concern:

3a) Street Address:	3b) City, or town, state and ZIP code:
4a) Mailing Address: (if any)	4b) City, or town, state and ZIP code:
5) What percentage of voting stock or ownership of the concern does the applicant concern hold?	
6) What percentage of voting stock or ownership of the applicant concern does this affiliate hold?	
7) Major products or services of affiliated concern (NAICS code)	
8) Is the affiliate an 8(a) program participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Is the affiliate a women-owned small business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Is the affiliate a qualified HUBZone small business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Average number of employees of the affiliate for the last 12 months:	
12) Average annual receipts of the affiliate for the last completed three fiscal years:	

**SECTION E - FINANCIAL INFORMATION***The following must be taken from the most recently filed Federal Tax Return*

Last Fiscal Year	___ / ___ / ___	Tax Return Filing Date	___ / ___ / ___
Total Receipts:	\$ _____	Net Profit:	\$ _____

*The following balance sheet information must be taken from the most recent, official company financial statements*

Assets		Liabilities	
Current		Current	
Fixed		long-term	
Other		Total liabilities	
Total assets		Net worth	

**F – HUBZONE EMPLOYMENT – INDIVIDUAL EMPLOYMENT DATA**

**Employment Profile.** The statement below refers to each employee who is currently on your payroll, and whom you rely upon to meet the 35% HUBZone residency requirement. <sup>8</sup> In calculating the percentage of employees who are HUBZone residents, do not include temporary employees, independent contractors, or leased employees. Further, in verifying employee residence, be sure to use actual resident addresses; post office boxes are not acceptable.

1) The applicant concern has researched the resident status of its employees and has determined that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.	2) The applicant concern calculated the percentage of HUBZone residents utilizing current employment records as of the date of this application and will ensure that these records and all other pertinent information are maintained to document that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION G - HUBZONE EMPOWERMENT CONTRACTING PROGRAM CERTIFICATION**

Please read carefully the following certification statements and have an authorized officer or officers of the applicant sign and date the form. The definitions for the terms used in this certification and throughout this application are set forth in the Small Business Act (15 U.S.C. § 632), SBA regulations (13 C.F.R. Part 126), and also any statutory and regulatory provisions referenced therein. In addition, please note that SBA may request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Also note that SBA's approval of this application does not affect the Government's right to pursue criminal prosecution for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to SBA.

**The undersigned has reviewed, verified and hereby certifies that:**

- (1) The applicant concern is a small business concern, organized for profit that is both owned only by United States citizens and controlled only by United States citizens.
- (2) The applicant concern's principal office is located in a HUBZone.
- (3) Not less than thirty-five percent (35%) of the applicant's concern employees reside in a HUBZone.
- (4) The applicant concern will use good faith efforts to ensure that not less than thirty-five percent (35%) of its employees continue to reside in a HUBZone during the performance of any contract awarded to it on the basis of its status as a qualified HUBZone SBC.
- (5) The applicant concern will ensure that where it enters into subcontracts to aid in performance of any prime contracts awarded to it because of its status as a qualified HUBZone SBC, it will incur not less than a certain minimum percentage of certain contract costs as set forth in 13 C.F.R. § 126.700.
- (6) The applicant concern has not been de-certified by SBA and removed from the List of Qualified HUBZone SBCs within the last 12 months.
- (7) All the statements and information provided on this form and any attachments are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility and continuing eligibility in the HUBZone Program. In addition, the applicant will immediately notify the SBA of any material changes, which could affect the applicant/qualified HUBZone SBC's eligibility e.g., (principal office, size, citizenship of owner, % of HUBZone residents).
- (8) I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law. I also understand that under federal law any person who fails to correct "continuing representations" that are no longer true, provides a false statement, or knowingly misrepresents the status of a HUBZone SBC in order to: 1) influence the certification process in any way; 2) maintain eligibility in an SBA program; 3) obtain a contract pursuant to the Small Business Act; or, 4) obtain any benefit under a provision of Federal law that references the HUBZone Program for a definition of program eligibility, shall be:
  - (a) Subject to fines of up to \$500,000, and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. § 645, 18 U.S.C. § 1001, and any other applicable laws;
  - Subject to civil and administrative penalties, including damages, program termination, suspension and debarment from
  - (b) Government contracting under 15 U.S.C. § 645, 31 U.S.C. §§ 3729-3733, 31 U.S.C. §§ 3801-3812, 13 C.F.R. Part 145, 48 C.F.R. Part 9, subpart 9.4, and any other applicable laws; and
  - (c) Ineligible for participation in programs conducted under the authority of the Small Business Act.
- (9) I am an officer of the applicant authorized to represent the applicant and sign this certification on its behalf.

Signature	Date ____/____/____	Signature	Date ____/____/____
Print Name (First, Middle, Last)		Print Name (First, Middle, Last)	
Title		Title	
Business Name			

**Mail completed application to:**

**U. S. Small Business Administration  
HUBZone Program Office  
409 3rd Street, SW, Suite 8000  
Mail Code: 6369  
Washington, DC 20416**

## General instructions and definitions

The estimated burden for completing this form is 1 hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503.

---

<sup>1</sup> Principal office - location where the greatest number of the concern's employees at any one location perform their work. 13 C.F.R. § 126.103

<sup>2</sup> Sole proprietorships should use the Social Security Number of the owner if the EIN is not available. Providing your Social Security Number is voluntary. SBA uses Social Security Numbers to distinguish between concerns with the same or similar names. SBA is authorized to request this information by 15 U.S.C. § 634(b), 5 U.S.C. § 301 and 44 U.S.C. § 3101. Under the provisions of the Privacy Act, 5 U.S.C. § 552a, please note that the information submitted on this form may also be used to determine program impact by matching contract award data to a specific individual's Social Security Number.

<sup>3</sup> Primary North American Industry Classification System (NAICS) code - Effective October 1, 2000, SBA is required to use NAICS to define small business industries for all SBA programs. See [www.hc.cc.tx.us/library/bussiccd.htm](http://www.hc.cc.tx.us/library/bussiccd.htm). In determining primary industry, SBA considers the distribution of receipts, employees and costs of doing business among the different industries in which business operations occurred for the most recently completed fiscal year.

<sup>4</sup> An employee means a person (or persons) employed by a HUBZone SBC on a full (or full-time equivalent) permanent basis. Full-time equivalent includes employees who work 30 hours per week or more. Full-time equivalent also includes the aggregate of employees who work less than 30 hours a week, where the work hours of such employees add up to at least 40 hours work week. The totality of the circumstances, including factors relevant for tax purposes, will determine whether persons are employees of a concern. Temporary employees, independent contractors or leased employees are not employees for these purposes. 13 C.F.R. § 126.103.

<sup>5</sup> Period of measurement: (1) Annual receipts of a concern which has been in business for 3 or more completed fiscal years means the receipts of the concern over its last 3 completed fiscal years divided by three; (2) Annual receipts of a concern which has been in business for less than 3 complete fiscal years means the receipts for the period the concern has been in business divided by the number of week in business, multiplied by 52; (3) Annual receipts of a concern which has been in business 3 or more complete fiscal years but has a short year as one of those years means the receipts for the short year and the two full fiscal years divided by the number of weeks in the short year and the two full fiscal year, multiplied by 52. 13 C.F.R. § 121.104(b).

<sup>6</sup> Person - means a natural person. Pursuant to the Alaska Native Claims Settlement Act. 43 U.S.C 1626(e), Alaska Native Corporations and any direct or indirect subsidiary corporation, joint ventures, and partnerships of a Native Corporation are deemed to be owned and controlled by Natives, and are thus persons. 13 C.F.R. § 126.103.

<sup>7</sup> Affiliation - concerns are affiliates of each other when one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. SBA considers factors such as ownership, management, previous relationships with or ties to another concern, and contractual relationships, in determining whether affiliation exists. 13 C.F.R. § 121.103 a (1) (2).

<sup>8</sup> Reside means to live in a primary residence at a place for at least 180 days or as a currently registered voter and with intent to live there indefinitely. 13 C.F.R. § 126.103.